



08-31-01

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UTILITY PATENT APPLICATION TRANSMITTAL		<i>Title of Invention</i>	Methods and Compositions for Tissue Augmentation
<i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		<i>Named Inventor(s)</i>	Wallace K. Dyer
		<i>Attorney Docket</i>	04118-0104 (43076-250892)
		<i>Express Mail Label No.</i>	EL602999793US

APPLICATION ELEMENTS		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>	ACCOMPANYING APPLICATION PARTS	
2. <input checked="" type="checkbox"/> Applicant claims Small Entity status	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract	a. <input type="checkbox"/> Computer Readable Copy	
4. <input type="checkbox"/> Drawings	b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i>	
	c. <input type="checkbox"/> Statement verifying identity of above copies	
5. Oath or Declaration	8. <input type="checkbox"/> Assignment:	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	a. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i>	b. <input type="checkbox"/> Assignment is of record in parent application No. _____	
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		
(i) <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	
	<input type="checkbox"/> Power of Attorney by assignee	
	10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
	11. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449	
	<input type="checkbox"/> Copies of IDS Citations	
	12. <input type="checkbox"/> Preliminary Amendment	
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
	14. <input type="checkbox"/> Certified Copy of Priority Document(s)	
	15. <input type="checkbox"/> Other: _____	
16. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____		
Recite complete dependency back to first parent application: _____		
17. CORRESPONDENCE ADDRESS: Mary Anthony Merchant, Ph.D. KILPATRICK STOCKTON LLP 1100 Peachtree Street Suite 2800 Atlanta, Georgia 30309-4530		
<p>By: _____ Date: August 30, 2001 Reg. No. 39,771</p> <p>Telephone: 404-815-6500</p> <p>Facsimile: 404-815-6555</p>		

FEE TRANSMITTAL

Attorney Docket No.

4118-0104 (43076-250892)

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Wallace K. Dyer**Filing Date: **Concurrently herewith**Title: **Methods and Compositions for Tissue Augmentation**

The filing fee is calculated as shown below:

1. FILING FEE:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355	355	\$710	
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input checked="" type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
	SUBTOTAL (1)	\$355		\$

2. CLAIMS:

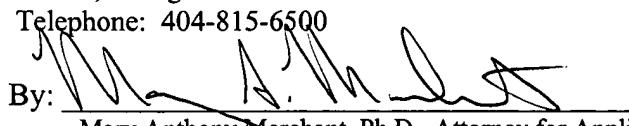
FOR:	SMALL ENTITY		LARGE ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEES
TOTAL CLAIMS	19 - 20 =	0	x 9 =	x 18 =
INDEP. CLAIMS	2 - 3 =	0	x 40 =	x 80 =
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+135 =	+270 =
	SUBTOTAL (2)		\$0	\$

3. ADDITIONAL FEES:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
	SUBTOTAL (3)		\$	\$

TOTAL FILING FEES: \$355.00A check is enclosed for the total amount: **\$355.00** Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

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Date: August 30, 2001